

Bulkley (L.D.) With the Compliments  
of L. D. Bulkley M.D.

NEW METHOD  
OF  
PERMANENTLY REMOVING  
SUPERFLUOUS HAIRS

BY

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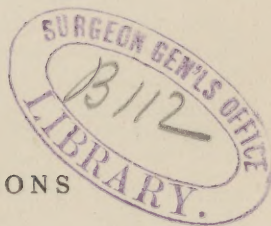
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## A NEW METHOD OF PERMANENTLY REMOVING SUPERFLUOUS HAIRS.\*

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IN the following brief communication I wish to bring forward a method of permanently removing superfluous hairs, which I devised over two years ago, and which I have employed with a success which warrants me in announcing the method, that others may employ it as well.

It is well known that the ordinarily recommended depilatories have but a transient effect (except, perhaps, in very rare instances), and for the reason that they act only on that portion of the hair which is external to the follicle ; or at the most they penetrate but a little distance into it, and necessarily cannot reach the bottom of the follicle, where the hair takes its origin. In the hope of giving relief to the deformity of hair upon exposed situations in females (who are often almost frantic from its presence) physicians as well as patients are frequently led to try, not only the depilatory remedies recommended in the books, but the various quack remedies, only to find that the effect of each is transitory, and that the hair reappears, causing even more distress than before.

I have long made trial of very many of these chemical measures for removing superfluous hair, both those of the books and those of the shops, and have so uniformly found them to fail in producing any permanent results that I have ceased to advise their use, except as palliatives, or as substitutes for shaving with the razor, or epilation, and I have repeatedly sent away patients

\* This paper was written to be read at the second annual meeting of the American Dermatological Association, August 27, 1878, but the writer failed to return from Europe in time to attend the meeting. Since it was written abstracts of the proceedings of this meeting have been published in the *Boston Medical Journal* and in the *New York Medical Record*, in which allusion was made to this method of treatment by Dr. Duhring, who had employed it at my suggestion. Mention was also made of other methods of treatment, including the electrolysis, but no results were stated.



who consulted me without being able to give them much if any encouragement as to permanent freedom from their disfigurement. Nor do recent authorities afford any more hope. The universal opinion is that the only relief is from the repeated removal of the offending hairs, either by continual epilation, or by the frequent use of a depilatory, or by shaving. All of these procedures tend to make the returning hairs larger and coarser, and consequently more objectionable. With some skins depilatory pastes act unpleasantly, by inflaming the surface, and they nearly always render it harsh, and more or less scaly.

Sometimes patients themselves attempt more radical measures, and the lady on whom I first used my method, indeed for whom I devised it, has a number of black spots on the chin, which are the result of her previous attempts to destroy the follicle by a needle heated in a lamp, the soot being deposited in the skin, and forming an indelible tattoo.

Two or three physicians have recently mentioned to me a plan of destroying the hair follicles by means of electrolysis, inserting in it a needle attached to one pole of a battery, while the other pole touches the body at some indifferent point. I am not aware that this method has been mentioned in print, nor do I know how successful or permanent the results have been. I have tried this in combination with my method, but did not find that any advantage was gained over that with the needle alone, while there was certainly much more pain given, and the additional complication of a battery rendered the procedure somewhat more annoying.

My present method, as mentioned, was devised over two years ago at the urgent solicitation of a young lady who had been under my care some time, and had tried the various depilatories in vain, but who still was not willing to give up the undertaking. I have since that time employed it on four private patients, ladies, aged 23, 24, 25 and 30 years respectively; but as two of them were treated for superfluous hair both on the chin and upper lip, we may fairly count them as six cases. The hair, then, in the six cases was located, three times on the upper lip, twice on the chin, and once in the form of a large hairy *nævus* on the right cheek.

The method to be described is founded upon the idea of reaching down into the follicle, after extracting the hair, and thoroughly breaking up its bottom and sides, thereby exciting an inflammation which seals it from its base to its orifice. This is accomplished in the following way: A small, three-sided, straight, surgical or glover's needle is firmly inserted at its blunt extremity in a convenient handle; the smaller the better. The one which I use was made for holding a needle to be employed in manipulating microscopic preparations. The edges of the needle should be sharp, and may require grinding, even when new. A good pair of epilating forceps are also required; their edges should

be well fitting, and such as will not cut the hair, and the spring should be rather weak, that it may not tire the hand unnecessarily.

The needle in its holder being taken in the right hand, as one holds a pen, a hair is seized with the forceps in the left hand, and the point of the needle is engaged in the orifice by the side of the hair, before the latter is extracted. Gentle traction is then made upon the hair, and at the same time slight pressure upon the needle, and as the former slips out the latter readily enters the follicle for a little distance. It is then thrust in, to a little greater depth than that occupied by the hair, as shown by the root-sheaths on the extremity of the latter, and with a delicate touch it may be readily perceived when it has gone to the bottom, or rather when it has penetrated the latter a little, and its sides are closely embraced by the follicle. A little experience soon shows this, and the error can be made of not having the needle penetrate deep enough far more easily than that of going too deeply. A clean needle can do little if any harm even when piercing the entire thickness of the skin.

When the needle is fairly in the follicle, it is given a number of turns or twists, by rotating the handle between the thumb and forefinger, and when it is withdrawn the sharp edges of the needle are seen to be filled with epithelial debris scraped from the sides of the follicle, and very shortly after a drop of blood or serum is seen to issue from the orifice of the recently irritated follicle. Occasionally blood will follow immediately, and if is not controlled, in considerable quantity, but this need never give trouble, for it is readily arrested by firm pressure with the finger, with a little ordinary picked cotton or styptic cotton. I have considered it better when but a little blood followed the needle, or when only serum was observed after a few moments, because when there is a larger flow of blood it indicates rather that the needle has missed the follicle, and either gone one side of it, or penetrated its walls, and has failed to reach the bottom, where the new hair takes its origin; though of course it is quite possible to penetrate through the base of the follicle, and pierce a little artery below. In by far the larger number of insertions of the needle I do not draw any blood, but only observe the serum exuding soon after each puncture.

At first, in order to make more sure of exciting inflammatory action, I dipped my needle in carbolic acid before each insertion. Latterly I have repeatedly omitted it. I am not quite prepared to say that some such agent is not useful, though I believe that I have prevented the return of very many hairs without employing it. It certainly does excite much more inflammation, and the irritation from each operation lasts much longer with than without the carbolic acid. The burning pain for a few hours after its use is considerable, many-fold that left by the simple puncture without it; perhaps a weaker solution of carbolic or of chromic acid would answer. It certainly is an additional protection against



doing injury by the operation, in the way of conveying poison on the needle. It might be well to bear in mind the possibility of "tattooing syphilis" by means of these punctures, if the needle by any means retained any blood from a previous patient who had syphilis. The operation is not very painful. Ladies readily endure it. The surface may be dressed with a little weak zinc ointment or lotion, or lead and opium wash, if there is much irritation. There is no appreciable scar left when all inflammatory action has subsided.

Though the procedure here described appears to be perfectly simple, it will require often no little tact and patience to carry it through successfully, to a complete removal of the deformity. When the operation is first tried it will be found that the needle by no means enters every follicle at which it is aimed. Perhaps I am safe in saying that not fifty per cent. of the hairs removed at an operation will be permanently extirpated. In some instances a false opening will be made in the skin very close to the hair, and when the hair regrows, and the attempt is made at it again, the needle will again slip into this false hole, and this may be repeated more than twice. Again, often two or more hairs will be extracted by the forceps at one time, when only one of the follicles is or can be entered by the needle; or again, the needle may not have penetrated deep enough to destroy the base and the papilla, or the inflammation excited may not have been active enough to close the follicle.

Occasionally it will be found that the inflammation has sufficed to cause the external portion of the follicle to be obliterated, while the deeper portion where the hair is formed, still remains intact, or nearly so. In this event a hair is reproduced, and not being able to gain exit, it will coil itself up, or it may run beneath the surface of the skin for a distance, and cannot be gotten at without a puncture of the overlying cuticle. In these cases it is often very difficult to reach and destroy the whole of the follicle, but it can be accomplished with care.

One will be surprised at the number of hairs which exist upon any surface when they are called on to remove them one by one, a fact constantly observed when epilating for parasitic diseases, and much more patent when each follicle is to receive subsequent treatment. In entering upon this measure, therefore, the patient should be fully acquainted with the fact that patience will be required, and that the deformity is not to be removed in one, two or three sittings. It is difficult to treat much more than from twenty-five to forty hairs at a sitting; the eyes,\* hands and nerves of the operator give out, and the patient is generally quite willing to have the operation cease. In the cases which I have mentioned I have operated in all together fifty-seven times, and,

\* I have used the unaided eye in making these operations, having tried in vain to find some method of magnifying the surface by lenses. Each attempt seemed rather to hinder than to assist.

while all the patients are very greatly benefited, indeed the deformity largely removed, there are still a number of hairs, which reappear or develop anew, and which are still being treated. Two of the patients live out of town, and have been irregular in attendance. This development of new hairs, that is the growth of smaller into larger ones, must be ever borne in mind, for, of course, such a procedure as is here described cannot in any way hinder such an event.

In regard to the permanency of the results, this is demonstrated most satisfactorily in these patients. In the lady on whom it was first performed, nearly two years ago, the hairs remain absent. In the second case hairs which were removed nearly a year ago have not returned, and the other two cases, which were first treated six and four months ago, demonstrate the same.

Considering then the failure of depilatories, and the intense distress which these abnormal growths of hair often occasion, and the successful results in these cases, together with the correct principle on which the operation is based, it may, I think, be rightly presented to the profession as a safe and reliable method of permanently removing superfluous hair.

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